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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity: RENTAL OF NON-RESIDENTIAL REAL ESTATE

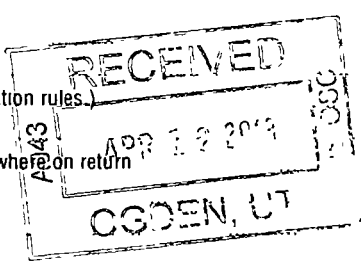
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of LAUREN GRAYMAN Telephone number 415-453-3800

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing gross receipts, cost of goods sold, and total income of 4,454.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing various deductions and resulting taxable income of 1,107.



SCANNED APR 30 2013

Handwritten initials/signature

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation  
 Controlled group members (sections 1561 and 1563) check here  See instructions and

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 **▶** **35c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 34 from  
 Tax rate schedule or  Schedule D (Form 1041) **▶** **36**

**37 Proxy tax** See instructions **▶** **37**

**38 Alternative minimum tax** **▶** **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **▶** **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40a** \_\_\_\_\_

**b** Other credits (see instructions) **40b** \_\_\_\_\_

**c** General business credit Attach Form 3800 **40c** \_\_\_\_\_

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** \_\_\_\_\_

**e** Total credits. Add lines 40a through 40d **40e** \_\_\_\_\_

**41** Subtract line 40e from line 39 **41** 0.

**42** Other taxes Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42** \_\_\_\_\_

**43 Total tax.** Add lines 41 and 42 **43** 0.

**44a** Payments A 2010 overpayment credited to 2011 **44a** \_\_\_\_\_

**b** 2011 estimated tax payments **44b** \_\_\_\_\_

**c** Tax deposited with Form 8868 **44c** \_\_\_\_\_

**d** Foreign organizations Tax paid or withheld at source (see instructions) **44d** \_\_\_\_\_

**e** Backup withholding (see instructions) **44e** \_\_\_\_\_

**f** Credit for small employer health insurance premiums (Attach Form 8941) **44f** \_\_\_\_\_

**g** Other credits and payments  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **▶** **44g** \_\_\_\_\_

**45 Total payments.** Add lines 44a through 44g **45** \_\_\_\_\_

**46** Estimated tax penalty (see instructions) Check if Form 2220 is attached  **46** \_\_\_\_\_

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **▶** **47** 0.

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **▶** **48** 0.

**49** Enter the amount of line 48 you want Credited to 2012 estimated tax **▶** **49** \_\_\_\_\_ Refunded **▶** \_\_\_\_\_

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶** \_\_\_\_\_ **Yes** **No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **▶** \_\_\_\_\_ **Yes** **No**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ \_\_\_\_\_ **Yes** **No**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶** N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** **▶** *Laura M. Bott* **4/8/13** **▶** **EXECUTIVE DIRECTOR**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID M. BOTT	<u><i>D. Bott</i></u>	04/05/13		P01295922
	Firm's name <b>▶</b> WILSON MARKLE STUCKEY HARDESTY & BOTT	Firm's EIN <b>▶</b> 26-3789391			
Firm's address <b>▶</b> 101 LARKSPUR LANDING CIRCLE, #200 LARKSPUR, CA 94939-1750			Phone no	415-925-1120	

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</b>	<b>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</b>		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <span style="float: right;">▶</span>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <span style="float: right;">▶</span>	
		0.	

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a) Straight line depreciation (attach schedule)</b>	<b>(b) Other deductions (attach schedule)</b>
			<b>STATEMENT 1</b>	<b>STATEMENT 2</b>
(1) NON-RESIDENTIAL RENTAL PROPERTY		10,800.	2,444.	5,671.
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
<b>STATEMENT 3</b>	<b>STATEMENT 4</b>			
(1) 299,966.	727,443.	41.24%	4,454.	3,347.
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <span style="float: right;">▶</span>			4,454.	3,347.
<b>Total dividends-received deductions included in column 8</b> <span style="float: right;">▶</span>				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1. Name of controlled organization</b>		<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
			<b>3. Net unrelated income (loss) (see instructions)</b>	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)						
(2)						
(3)						
(4)						
<b>Nonexempt Controlled Organizations</b>						
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>		
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> <span style="float: right;">▶</span>				0.	0.	
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
 (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
 (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b>		0.		0.		0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.		0.		0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
Enter here and on page 1, Part I, line 11, col (A)		Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>		0.		0.		0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		2,444.	
- SUBTOTAL -	1		2,444.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			2,444.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MORTGAGE INTEREST		1,456.	
INSURANCE		2,602.	
MAINTENANCE		625.	
UTILITIES		553.	
PROPERTY TAXES		435.	
- SUBTOTAL -	1		5,671.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			5,671.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		299,966.	
- SUBTOTAL -	1		299,966.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			299,966.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>BIG BROTHERS BIG SISTERS OF THE NORTH BAY, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-2502278</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1618 SECOND STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>SAN RAFAEL, CA 94901-2707</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**LAUREN GRAYMAN**

- The books are in the care of  **1618 SECOND STREET - SAN RAFAEL, CA 94901**  
Telephone No.  **415-453-3800** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15, 2013**.
- For calendar year \_\_\_\_\_ , or other tax year beginning **JUL 1, 2011** , and ending **JUN 30, 2012**.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME NEEDED TO PREPARE A COMPLETE AND ACCURATE FILING**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  **EXECUTIVE DIRECTOR** Date

